

Commissioner's Weekly Wrap Up

DCS Communications Office

May 13, 2005

The Week Ahead

Mon., May 16 – The Commissioner attends the graduation for the Horizons program at Opryland Hotel in Nashville.

Thurs., May 19 – The Commissioner speaks on understanding the attachment process at Vanderbilt's Kennedy Center for Research on Human Development.

Davidson County Team Leader Positions

Davidson County has several Child Protective Services positions available, as a result of rightsizing efforts. Prospective candidates should have a background in CPS and currently be in a team leader position, so that they can do a lateral transfer. Potential candidates who are not currently in team leader positions need to be on the team leader register, which would be a promotional opportunity. If you are interested, contact Harriett Wade at Harriett.Wade@state.tn.us.

Mountain View Employee Reaches Educational Milestone

Submitted by Gary Morris, Superintendent, Mountain View Youth Development Center

Mountain View Youth Development Center proudly announces the accomplishments of one of our own. Assistant Principal Betty Ragland was awarded her doctorate of education degree from the UT – Knoxville on May 6, 2005. Dr. Ragland's majored in education with a specialization in collaborative learning. Her dissertation, "Razor Wire Cuts Both Ways", explores the experience of teaching inside a juvenile institution.

Dr. Ragland has been at Mountain View since March 1990, which was shortly before the facility opened. She jokingly tells students that she has been here since "before dirt". Originally an educational consultant in the classification department, she has also been a Title I classroom teacher and, since November of 1992, assistant principal. She sees her role as part Mother Teresa and part Attila the Hun, and she handles both parts with equal excellence and flair.

Dr. Ragland has taken classes at UTK continuously over the last seven years, while working full-time at Mountain View and dealing with several episodes of family medical

problems. She is looking forward to new extra-curricular activities like quilting and gardening.

Let us all take a moment to congratulate Dr. Ragland on such a milestone.

Increase in Federal Revenue

Submitted by Commissioner Viola P. Miller

It is with great pride and praise that I bring attention to some very good work and effort going on in this Department. Our agency has increased revenue from the federal government in two vital areas. In fiscal year 2004, our IV-E rate for foster care was 43.05 percent, residential was 28.77 percent, and our overall ratio was 33.91 percent.

As of April 15, 2005, we have dramatically increased our numbers to the tune of foster care at 51.99 percent, which is an increase of 8.94 percent; residential at 41.54 percent, an increase of 12.77 percent, and our overall all at 45.08 percent, an increase of 11.17 percent. This is wonderful news!

It means about \$4 million that *should be* coming to Tennessee *will be* coming to Tennessee. The child welfare benefits counselors all deserve a round of applause for their dedication and perseverance. Let's all congratulate them on a job well done! I would especially like to congratulate Shelby County, where they increased foster care by 28.34 percent and residential by 16.88 percent. Runners up are Upper Cumberland, with a foster care increase of 9.91 percent and a residential increase of 11.13 percent, and Hamilton County, with a foster care increase of 11.52 percent and a residential increase of 10.47 percent. These regions deserve a gold star! I don't want to forget Knox County – they were high and continue to maintain and improve their ratio.

Now that we know we can do it, let's set a new goal. Our state deserves to have a penetration rate of at least 60 percent. I want to challenge us to increase our current rate by 5 percent each quarter over the next three quarters, and at the end of that time we will be at 60 percent. If we can continue to concentrate our efforts on increasing the residential rate (we got that up a whopping 12.77 percent) and plug away at the foster care rate, we will get there. I have every confidence that as a team we can accomplish any goal. This is another challenge for us and if there's anything we can do to help, please let us know.

Committed Region	IV E Ratio	IV E Ratio	IV E Ratio		Overall	
	DCS FC	DCS FC	Residentia l	Residentia l	IV E Ratio	IV E Ratio
	6/30/2004	4/15/2005	6/30/2004	4/15/2005	6/30/2004	10/31/2004
DAVIDSON	45.02%	54.43%	35.15%	40.35%	38.62%	43.49%
EAST TENNESSEE	40.67%	48.93%	29.11%	36.47%	34.18%	40.09%

HAMILTON	43.93%	55.45%	34.89%	45.36%	37.90%	47.71%
KNOX	59.24%	61.92%	46.90%	59.89%	51.32%	58.63%
MID CUMBERLAND	49.57%	55.80%	33.94%	42.31%	38.74%	44.79%
NORTHEAST	46.55%	54.84%	30.11%	41.55%	35.00%	43.27%
NORTHWEST	57.15%	48.17%	37.58%	32.57%	44.59%	41.75%
SHELBY	17.52%	45.86%	27.80%	44.68%	24.91%	34.32%
SOUTH CENTRAL	35.93%	42.41%	21.00%	30.15%	28.38%	37.06%
SOUTHEAST	33.10%	47.31%	30.45%	37.33%	31.70%	40.79%
SOUTHWEST	53.25%	49.53%	24.55%	34.83%	37.74%	41.41%
UPPER CUMBERLAND	52.50%	62.41%	29.78%	40.91%	42.92%	45.66%

Total State wide		51.99%	28.77%	41.54%	33.91%	41.84%
	43.05%					

Improvement in FY05	8.94%	12.77%	7.93%
	\$1,067,033	\$2,981,334	\$4,048,367

Remember, these are real dollars to provide real services to Tennessee's families and children. We don't want to leave this money in D.C. We need it here!

Child Protective Services: The Front Face

Submitted by Dianne Mangrum, Director, Central Intake

The intake process is the "front face" for Child Protective Services. It is the foundation on which we assess whether a report meets DCS criteria for investigation. Sometimes the intake process is mistakenly overlooked, as information gathered during this process impacts the entire child welfare system. The intake process is often the child's first line of defense.

Child protection is our obligation. We owe this to the children and families of Tennessee. However, we should also view this as an obligation of our communities – social workers, juvenile courts, medical professionals, law enforcement, teachers and other citizens in our communities to work together to protect the children of our state. Child protection is a community concern that allows DCS the opportunity to empower our communities, to educate our communities and, oftentimes, improve public relationships within our communities. This is an excellent way to partner with community stakeholders and bring about a shared vision of protecting children.

Child protective workers across the state are often asked to deliver in-service training to professional groups – for example law enforcement or school in-service trainings. It is at

this point that we can communicate with these groups and explain the process of what meets the criteria for an investigation and what information they need to have when they make a report of abuse or neglect. Structured Decision Making (SDM) has been implemented in our Department in an effort to provide more consistent case management throughout the life of a case. Policy changes have been implemented and definitions of allegations of abuse and neglect have been further defined. As Central Intake moves forward, there are some things that we always need to know when making a report of abuse or neglect, including but not limited to the following:

- The child's name
- The caretaker's name and address
- The current location of the child
- The county of residence
- The current living arrangement of the family
- The county of the alleged abuse or neglect
- If the child is in custody at the time of the incident
- The referent's county of residence

The definitions of allegations of harm, as outlined by DCS policy include:

Physical Abuse – The non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. This can also include a parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child.

Substantial Risk of Physical Abuse – Substantial risk of physical abuse is a situation in which the child has not suffered abuse, but whose caretaker's conduct and behavior suggest a great likelihood that abuse shall occur. This applies to situations in which the parent or caretaker has been indicated or convicted of violent crimes against persons, especially children, as verified through police reports or other reliable sources of information.

Drug Exposed Infant – This allegation pertains to children who, at the time of their birth, have had prenatal exposure to a drug or chemical substance, as verified by a positive drug screen or other visible signs of mother or child and by a medical professional, or by admission by the mother of her prenatal drug or chemical use. This may also include the caretaker's use of drugs or chemical substances, which impairs the caretaker's ability to meet child-care responsibilities.

Drug Exposed Child – This allegation pertains to a child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This could include chemical substances administered to children and/or children exposed to environments where drugs or chemicals substances are manufactured.

Environmental neglect – This allegation involves a living situation either inside or outside the residence that is dangerous or unhealthy and could cause significant risk of harm to child(ren) in the home.

Nutritional neglect – This allegation involves a caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day and no food is available. In its more severe form, nutritional neglect is the failure to feed a child that results in poor growth and failure to thrive.

Medical Neglect – This allegation refers to situations in which children do not receive adequate health care, resulting in actual potential harm. In the extreme form may rise to the level of severe child abuse and endangers the life of the child.

Educational Neglect – Educational neglect pertains to repeated failure of the caretaker to meet the child's educational needs. This applies to children who are legally mandated to be in an educational program through 18 years of age. This allegation applies to failure to enroll a child in school or failure to register a home-schooled child with the Board of Education.

Lack of Supervision – When a parent or caregiver leaves a child unattended and places the child in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability, or the caregiver is inadequately supervising the child.

Abandonment – Abandonment occurs when a child's parent or caretaker has willfully made himself unavailable to participate in any parental responsibilities or decision-making. It could include when a parent or guardian's whereabouts have been unknown or no contact has been made with the child or substitute caretaker, or when a child is left in the care of a suitable caregiver but without proper planning or consent.

Sexual Abuse – Child sexual abuse occurs when the target is a child. Children are unable to give informed consent to sexual relationships with adults. This behavior includes intentional acts that produce sexual arousal or gratification, including explicit sexual acts, indecent exposure and voyeurism, sexual exploitation, the willful failure of the child's caretaker to stop child sexual abuse by another person.

Substantial Risk of Sexual Abuse - Substantial risk of sexual abuse is a situation in which a child is accessible to a person previously convicted or indicated for child sexual abuse in any jurisdiction, sexually explicit conversation between an adult and child, and also when an alleged perpetrator has current access to any child.

Cultivating and creating partnerships within our communities is so vital in the area of Child Protective Services, as this joint effort is for the protection of the children of Tennessee, which will enable our department to build relationships that will enhance delivery of services throughout our child welfare system.

The phone number for Central Intake is 1-877-54-ABUSE

Continuous Quality Improvement of Work Productivity and Life

Submitted by Ted Slifer, Program Coordinator, CQI/QA Division

Continuous Quality Improvement (CQI) refers to changes that DCS is making to improve increased productivity (increased child safety and well-being of children in custody). CQI also refers to an effort towards improving morale and satisfaction in the workplace by including each DCS worker in problem solving and decision-making processes. This is accomplished by giving workers more authority and control over their work, although management and supervision still continues to provide necessary direction and guidance.

Key elements important to the success of CQI efforts include employee influence that includes:

- The opportunity to influence decisions on how the work is done
- The opportunity to make suggestions or inquiries and receive a reply
- Interpersonal relations among managers and subordinates that includes concern for the welfare of others
- Clear communication
- Respect and cooperation
- Friendliness and courtesy
- Job facilitation that includes the building of teamwork, sufficient information, training, leadership and adequate equipment
- Job design that offers opportunities for meeting differing needs, such as responsibility, learning, goal setting and feedback; and challenge, variety and interest
- Rewards that are intrinsic and extrinsic, desirable to the workers receiving them, and equitable relative to the amount and quality of work

CQI efforts result in a change in more than just the way DCS operates. The DCS philosophy of utilizing human resources also changes. If this philosophy does not change, CQI efforts may lead to failure. Some of the most important conditions necessary for success include (1) management committed to an open and non-defensive style of operations; (2) sharing information with workers and inviting input from them regarding problems, barriers to better performance/outcomes, and implementation of improvement plans; (3) managers and supervisors trained to function effectively in a less directive, more collaborative style; (4) breakdown of traditional status barriers between managers/supervisors and other employees to permit the establishment of an atmosphere of trust and open communication – each DCS employee is a member of a CQI team and in CQI team meetings all team members are equal.

Core Leadership

Core Leadership
May 3, 2005
Brenda Bell, Presiding

Brenda Bell opened the meeting with a review of the Core Principles of Professional Practice.

Commissioner's Comments

Dr. Miller tracked the completion of Core Leadership's take home test on the Brian A. Monitor's Report. The Technical Assistance Committee is clear in that report that the regional administrators (RAs) must embrace the principles and run with them through working the regional implementation plans that are already in place. We will celebrate this milestone and pass the baton to the RAs. Core Leadership is encouraged to stop by and participate in this celebration or to stop by on breaks and encourage RAs and their teams in going forward.

Dr Miller introduced Rob Johnson, the new DCS Director of Communications. Rob joined us Monday, May 2, 2005, from *The Tennessean*.

State Continuous Quality Improvement (CQI) and Quality Service Review (QSR)

Daryl Chansuthus introduced her team members Karen Davenport, Lynn Kasper, Bethany Womack, Semetta Pulley, Ted Slifer and Sue Rickman. Davenport shared first quarter CQI data pulled from the regional TMAP meetings (i.e., minutes from the regional meetings.) All regions are currently having monthly meetings at Level I (case manager level), and monthly to quarterly meetings for Level II (supervision level) and Level III (regional level.) The process involves regions solving problems at the lowest level possible, communicating the need from above for help on the problems they can solve with assistance, and passing onto the next level the problems that are wholly beyond their realm of influence.

It is of concern that there are only a reported average of two action items per region. It is anticipated that number may rise as we go forward, and that the types of problems that can be solved at the regional level will grow rather than to get bumped up. For those problems that are long running and systemic that reach the State CQI team, the team may engage the appropriate deputy commissioner, executive director and division director involved for solution between the regularly scheduled state CQI meetings. The next four state CQI meetings will be held during the Core Leadership Meeting time slot on August 2, 2005, November 1, 2005, February 7, 2006 and May 2, 2006.

Kasper brought forth two examples of children who came to the attention of the CQI process. Both children had been in care 14 years or more, and one was a self-referral to the Monitor's Office. Chansuthus submitted a list of 10 items or problems that had

filtered up through the regions. Review of these suggested that 70-80 percent of them were in fact problems that could have been resolved at the regional level by engaging the correct Central Office support. She also stated that we would use the DCS Weekly Wrap Up to report to all of DCS on solutions generated through CQI teams.

Slifer presented progress on a pilot project for case file standardization which would have us use a current year file (which would include commitment papers, permanency plan, and this years notes) and a “companion file” which would include last years file activity. He described proposed content and appearance of case records. Discussion ensued about ensuring this process is well thought out to incorporate cost, storage, COA standards, and to look at what works in other states. Electronic storage and imaging discussed as options.

Chansuthus distributed and discussed the Quality Service Review (QSR) process and instruments. Revisions or comments due back from Core Leadership and divisional staff by May 20, 2005.

Cross Functional Program/Fiscal Team

Mary Beth Franklyn suggested developing a formalized team of fiscal and program staff. She will be the lead for this team, which will also include Ken Sanders and Eric Henderson.

Domain Overviews:

Domain 1: Leadership and Management

Judy Cole provided a progress update in this domain. Cross-functional teams are active in 11 regions. The teams consist of regional DCS leadership staff and staff, as well as members of the private provider network and other stakeholders. Regions are ready to operationalize their regional implementation plans. A six-member team will help regions strategize, refine, implement and measure progress in each outcome area. An evaluation instrument for regional administrators is in draft form. A two-day policy retreat to process map CPS was held in April. This retreat included the Office of Information Systems, Research and Development, as well as program and field staff.

Domain 3: Child and Family Team Meetings

Elizabeth Black provided a progress update in this domain. A workgroup has been developed to evaluate the effectiveness of Child and Family Team Meetings (CFTMs). A workgroup has also been developed to explore One Worker/One Child. This workgroup is being led by Karen Chamberlain and will assess the effectiveness of eliminating the handoff. The workgroups will be reporting out in the CFTM CQI meeting on May 24, 2005.

Domain 4: Child Protective Services

Beth Kasch provided an overview and handout of the progress related to Child Protective Services. As of March 14, 2005, the backlog was reduced to 7,792. Central Intake has been implemented in 10 regions. Rightsizing will also provide CPS with more positions. Priority response is being reviewed every month in TNKIDS to address non-compliant response times and to review individual responses in this area.

Funneling through Board Payments

In the past board payments went through the foster parents, now Chipfins will be able to send direct payments to the young adults. These changes were initiated by audit findings and focus groups compiled of young adults whom decided that payments would be submitted to them as a part their transition independent living. The Commissioner suggested sending letters and follow-up phone calls to the foster parents that will be affected by this change.



The greater the difficulty, the more glory in surmounting it. – Epicurus